

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27677

FILED SEP 10 1941
Registration District No.

Primary Registration District No. 4013

Registrar's No.

1. PLACE OF DEATH:

- (a) County ATCHISON
(b) City or town ROCK PORT.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

8. (a) PRINT FULL NAME WILLIAM ALEXANDER MCKINNEY

8. (b) If veteran, _____ name war ✓
3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LIZZIE MCKINNEY 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 8 (Month) 7 (Day) 1985 (Year)

8. AGE: Years Months Days If less than one day
56 0 18 hr. min.

9. Birthplace BLUERIDGE N.C. (City, town, or county) (State or foreign country)

10. Usual occupation LABORER.

11. Industry or business

- MOTHER FATHER { 12. Name SAMUEL MCKINNEY
13. Birthplace UNKNOWN N.C. (City, town, or county) (State or foreign country)
14. Maiden name FRANCIS GOOTCH
15. Birthplace UNKNOWN N.C. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lizzie McKinney
(b) Address Rock Port

17. (a) BURIAL (b) Date thereof 8-27-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation GREEN HILL

18. (a) Signature of funeral director Best Bartholomew
(b) Address Rock Port, MO.

19. (a) Aug 27 (b) Mary H. Chamberlain
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County ATCHISON
(c) City or town ROCK PORT.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug - day 25
year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug. 19
1941, to Aug. 25, 1941;
that I last saw him alive on Aug. 25, 1941;
and that death occurred on the date and hour stated above.

- Immediate cause of death Cerebral hemorrhage Duration 16 days

- Due to Arteriosclerosis 6 yrs.

- Due to _____

- Other conditions _____
(Include pregnancy within 3 months of death)

- Major findings: _____
Of operations _____

- Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. H. Lewis (M. D. or other) 1
Address Turkey Mo Date signed 8-25-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Grady Barchatow

Licensed Embalmer No.

3173

P. O. Address

Rock Port, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.